

Hawks Prairie Pediatric Dentistry  
130 Marvin Road SE Suite 111  
Lacey, Wa 98503  
Phone (360)489-1406 Fax (360)491-1270



West Olympia Kids Dentistry  
405 Cooper Point Road Suite 104  
Olympia, Wa 98502  
Phone (360) 688-7909 Fax (360) 352-2684

Patient First Name:

Last Name:

Birthdate:

## Health History

### Physician

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Last physical exam: \_\_\_\_\_ Reason: \_\_\_\_\_

Other physicians/health care providers being seen now:

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Reason: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Reason: \_\_\_\_\_

### Medical History

Does your child take any medication?  Yes  No

If yes, please list medications and include dosage (including supplements and herbals): \_\_\_\_\_

Has your child been treated in an emergency room?  Yes  No

If yes, please explain: \_\_\_\_\_

Has your child been hospitalized?  Yes  No

If yes, please explain: \_\_\_\_\_

Has your child had any type of surgery?  Yes  No

If yes, please explain: \_\_\_\_\_

Any handicaps/disabilities?  Yes  No

If yes, please explain: \_\_\_\_\_

Which best describes your child's personality? (check any that apply)

Normal  Difficult  Nervous  Shy

### Allergies

Has your child had allergies to any or reactions to any of the following?

Latex  Penicillin/Amoxicillin  Aspirin  Ibuprofen (Motrin/Advil)  Metal

Sulfa  Red Dye  Foods  None  Other

Please Explain: \_\_\_\_\_

I have read the above questions and understand them. I will not hold my pediatric dentist or any member of his/her staff responsible for any error or omissions that I have made in the completion of this form. I will notify my pediatric dentist of any changes in my child's medical or dental health.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_